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ABSTRACT

The manual is intended to assist community agencies to fully integrate young women with physical or sensory disabilities in community programs and activities provided for nondisabled youth. It provides six training modules, two designed to help staff members examine their attitudes about working with disabled young women and four focusing on special issues facing this youth population. Covered are: (1) personal consciousness raising about women and disability; (2) professional consciousness raising about women and disability; (3) independent living (considers how physical limitations compound developmental issues around independence); (4) career exploration (explores how gender and disability stereotypes limit career choices and develops strategies to expand options); (5) sexuality (overviews how disability affects sexuality); and (6) role models (offers strategies for incorporating disabled female role models into agency programs). Each training module contains two to four group discussion exercises. Also listed are a variety of resources including: materials developed by the Networking Project for Disabled Women and Girls; books by and about the lives of disabled women; training materials on issues of women and disability; and materials on accessibility, employment, sexuality, independent living, and mainstreaming. (DB)

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SERVING YOUNG WOMEN WITH DISABILITIES

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YWCA of the City of New York
New York, New York

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Barrier Free

Serving Young Women with Disabilities

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Serving Young Women with Disabilities

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Office of Educational Research and Improvement
U.S. Department of Education
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Introduction

Background

This manual developed out of our work with the Networking Project for Disabled Women and Girls, a project sponsored by the YWCA of the City of New York. The Networking Project is designed to increase the educational, vocational, and social options of adolescent girls with physical or sensory disabilities. It offers girls varied opportunities to meet with disabled women who serve as mentors and role models.

When we tried to help project participants obtain the same adolescent services that are available to their nondisabled peers, we discovered that few community-based agencies served or were even aware of the existence of this youth population. While some relevant services were provided by rehabilitation settings, these were often not as comprehensive as those available to youth without disabilities. Also, such segregation deprived both disabled and nondisabled young people of the opportunity to mingle and learn from one another, essential preparation for living in a diverse adult world.

As the Networking Project began to be replicated in six sites nationwide, we had the opportunity to speak with staff members in community-based agencies throughout the country about serving disabled young women. Many had never before thought about this group and often expressed trepidation and uncertainty about whether they were really "qualified" to serve disabled girls.

Through extensive conversations with staff at various levels, it became increasingly clear that fears, anxieties, and misinformation about people with disabilities, compounded by stereotypes about the needs and potential of girls, were often a major, if not *the* major, barrier to including disabled young women in programs and activities. When fears were lessened, youth service providers began to engage in what we found to be rather impressive and creative problem solving to address such concrete

problems as architectural barriers in buildings and program adaptation to meet physical limitations.

Some service providers recognized the importance of attitudinal barriers and asked us for training materials to help them. Regrettably, we found there is limited material on integrating or "mainstreaming" disabled youth into ongoing community programs, and even less that is specifically focused on women and girls. This training manual is an attempt to fill the gap.

The activities in this manual were field-tested with a diverse group of agencies including

- Teen Parent Program of the YWCA, New York City
- New York City Mayor's Office for the Handicapped
- Stanley Isaacs Neighborhood Center, New York City
- The Adolescent Unit of the New York City Department of Health
- The Citizens' Committee, New York City
- New York State Youth Bureau Conference
- Girls' Club of Wilmington, Delaware
- Girl Scouts of the USA
- WEEA Publishing Center of Education Development Center, Newton, Massachusetts
- several replication sites of the Networking Project throughout the country

We thank them all for their invaluable assistance.

Purpose

This training manual can assist community agencies to fully integrate (mainstream) youth with physical or sensory disabilities. Our focus is on including disabled young *women* in the same programs and activities provided for nondisabled youth.

Philosophy

The basic tenets of our project are as follows:

- Mainstreaming helps *everyone*—disabled youth, nondisabled youth, staff, the agency and the community.
- Mainstreaming is not difficult to achieve.

- The biggest barrier to mainstreaming is the reluctance and fear of staff members who have had little prior experience with people with disabilities.
- Disabled young women, while having some special needs, are in fact more similar to nondisabled young women than different from them. Staff expertise in working with nondisabled youth applies when working with this group of adolescents.
- Disabled young women have the same rights to programs and services as nondisabled young women. To exclude them or provide them with separate services (which are *never* equal) may violate their civil rights. Such exclusion is unjust and, often, illegal. Local, state, and federal laws, including the 1990 Americans with Disabilities Act, prohibit discrimination based on disability.

Does Mainstreaming *Really* Help Everyone?

Many agencies that have never served disabled youth have serious questions and doubts about the value of mainstreaming. In this section we will provide examples of typical questions we have encountered, along with our responses.

Wouldn't disabled youth prefer to be among their own kind rather than being forced to measure up to their nondisabled peers? While a small percentage of disabled youth do prefer separate services and should be given this option, the majority that we have met prefer mainstreaming. It is tremendously reassuring for them to discover their commonalities with nondisabled youth, to realize that many of their issues are *teenage* issues rather than *disability* issues. It is also important preparation for the adult world, where they will have to deal with nondisabled counterparts.

How about the nondisabled youth we serve? Will they resent the presence of disabled young people? What about their parents' response? Nondisabled youth may have some initial reactions to the presence of disabled peers, ranging from fear, discomfort, and anger, to admiration or indifference. These are the same reactions they would have to the introduction of any peer group that is different, be it based on race, ethnicity, national origin, sexual orientation, or disability. Ideally, these initial responses should be handled in the same way you handle reactions to any difference.

Our experience has been that nondisabled youth get beyond any initial negative response they might have and quickly see disabled kids as kids

first, kids who happen to have a disability. This is particularly likely to happen if staff are able to relate to disabled participants in a comfortable, matter-of-fact manner.

In addition, nondisabled youth often learn valuable lessons from interactions with disabled peers. These lessons can include the fact that people can have differences and still have a great deal in common; it is crucial to look beyond the surface. Also, a person can have limitations or imperfections, as we all do, and still be fun, interesting, attractive, sexy, capable, and dynamic.

While some parents express initial concern about disabled youth mixing with their nondisabled daughters and sons, they usually get past these when they see their youngsters benefiting. Parents learn their own lessons about differences in the process.

Will my staff need special training? They are already overburdened. How can I ask them to do more? The key training that staff members need in order to work with disabled youth is consciousness-raising—the opportunity to explore their own attitudes and confront their stereotypes about disabled people. For this to be effective, senior staff must make a strong commitment to mainstreaming. Once staff become receptive to serving disabled young people, they discover that much of their expertise in dealing with nondisabled young people is also applicable here.

What staff do not know they can learn over time. It is not essential or possible to have all the answers before beginning mainstreaming. It is essential, however, to have an attitude of openness and creative problem solving. There are payoffs for developing such an attitude. Rather than being burdensome, it can be freeing and energizing to break down stereotypes, increase understanding of difference, and expand creativity in a new direction.

What Do We Mean by "Disability"?

Disability is a broad category that includes physical, sensory, intellectual, emotional, and learning impairments. Since about one-fifth of the population has some kind of disability, we are all likely to know someone with a disability or to become disabled ourselves. Disability is the one minority group that anyone can join at any time.

This manual concentrates on the experiences of young women with physical and sensory disabilities because this is the group we worked with in our YWCA/NYC Networking Project. There are many other kinds of

disabilities, including developmental, emotional, learning, and health disabilities, that we do not address directly. However, we feel that many of the exercises contained in this manual can be useful and helpful to those working with young women with any type of disability.

Why Focus on Disabled Females?

Much of the material in this manual could be used to help your agency mainstream disabled youth of both genders. However, we focus on the issues of disabled young women for several reasons. Disabled females face a double set of barriers in our society, based on disability *and* gender. They fare worse than either disabled men or nondisabled women on all measures of educational, vocational, financial, and social success. For example, disabled women achieve lower education levels, are less likely to be employed, and are less likely to find partners. Disabled young women are thus in particular need of a broad range of community services to help prepare them for these barriers.

But, they are more likely to be excluded from community agencies than their male counterparts. Many factors—overprotective parents, socialized passivity, limited awareness of community resources, and less aggressive recruitment efforts on the part of community workers who perceive disabled girls as fragile—conspire to keep these teens at home. We hope that by emphasizing disabled girls, your staff will make a particular effort to reach out to them, thus breaking the pattern of exclusion.

In addition, like all females, disabled young women have some needs that are different from those of males, and these needs are too often ignored. In the United States, people see disability as such an overriding characteristic that other differences—gender, race, ethnicity, socioeconomic class, and the like—are frequently overlooked. By emphasizing girls, we are able to highlight these special needs so that your staff can be better prepared to address them.

What Is in This Manual?

This manual consists of six training modules, two designed to help staff members examine their own attitudes toward working with disabled young women and four focusing on special issues facing this youth population. Briefly, the following topics are covered:

1. *Personal Consciousness-Raising on Women and Disability.* Explores participants' own experiences, attitudes, and stereotypes about disabled people in general and disabled women in particular.
2. *Professional Consciousness-Raising on Women and Disability.* Identifies concerns and fears about working with disabled young women, brainstorms solutions and resources, and develops strategies to begin the mainstreaming process.
3. *Independent Living.* Considers how physical limitations and the need for help compound developmental issues around independence.
4. *Career Exploration.* Examines how gender and disability stereotypes limit career choices and develops strategies to expand the options.
5. *Sexuality.* Identifies concerns about discussing sexuality with disabled girls, overviews how disability affects sexuality, and explores the similarities and differences in the sexual issues of disabled girls, nondisabled girls, and disabled boys.
6. *Role Models.* Explores the contribution of role models for all young people and the particular importance for disabled girls, brainstorms strategies for incorporating disabled female role models into agency programs, including a laundry list of suggestions, and considers ways to train and recruit role models.

All six sessions rely on experiential teaching methods—including guided fantasies, role plays, sentence completion, and problem solving—rather than lecture, so that staff are active participants rather than passive recipients. We have found this active approach to be a particularly effective way to change attitudes and impart information. The "trainer" who conducts the sessions does not need specialized knowledge of disability issues.

Who Is This Manual For?

The training manual is especially geared to agencies that have had no or limited prior experience working with disabled young women. However, agencies already serving these teens can use the materials to expand their skills and awareness on issues that they may not ordinarily address, such as the often taboo topic of sexuality.

These modules assume participants are nondisabled. If, in fact, the staff includes people with disabilities, the facilitator may need to make slight modifications. Such participants can be valuable resources for the training process.

How Should This Manual Be Used?

This set of six sessions can be used like a menu, so that your agency can choose topics based on your own needs. However, we strongly recommend that organizations with no prior experience working with disabled young women begin their training with the two consciousness-raising sessions, or at least one or more exercises from each, before proceeding to the special issues sessions. In fact, even if your agency has had experience working with disabled youth and wants to focus on one or more of the specific topics, we suggest that you begin with consciousness-raising exercises as a warm-up. We almost always use the exercise "Imagine Yourself Disabled"; it establishes an open atmosphere within the group that carries over to the rest of the training.

Whichever units or exercises you select, be sure to address the issue of language. The choice of words you use to describe people with disabilities makes a political statement about underlying attitudes. Phrases like "crippled by arthritis," "victim of cerebral palsy," or "confined to a wheelchair" elicit images of passivity and helplessness, and feelings of pity or revulsion. In contrast, phrases such as "she has cerebral palsy" and "he uses a wheelchair" are factual and do not reinforce negative stereotypes. For many people with disabilities, the word *handicapped* also has a negative connotation. The preferred terms are *disability* and *disabled*.

The timing for each module will depend upon the number of participants. Allot 45–90 minutes for each session. This format enables you to schedule the training in a variety of ways; for example, six separate sessions of approximately one hour each, or two half-days of training.

Further Resources

This manual will get you started, but it will not answer every question that arises about mainstreaming. Women with disabilities in your community have a wide range of expertise to offer. Consider using them to assist you in all aspects of the mainstreaming process. The Resources section also offers a range of materials on key issues that are likely to emerge.

Personal Consciousness-Raising on Women and Disability

Overview: Explore experiences, attitudes, and stereotypes about people with disabilities as a whole and disabled women in particular

Exercise I. Guided Fantasy: Imagining Yourself Disabled

Introduction

For facilitator: The goal of this exercise is to become aware of our feelings and fears about disability and to highlight negative reactions and stereotypic assumptions. Read the guided fantasy slowly, leaving time to visualize. Allow five to six minutes to read.

Tell participants: Let's start with a guided fantasy. Make yourself as comfortable as you can, close your eyes, and take a few breaths.

Imagine Yourself Disabled*

"Experience yourself in a body other than your own, one with a physical disability or sensory impairment. If you are disabled, imagine yourself with a different disability. I will suggest some possibilities. Let your mind

* Adapted from an exercise by Roberta Galler in "The Myth of the Perfect Body," in *Pleasure and Danger: Exploring Female Sexuality*, ed. by Carole Vance (Boston: Rutledge and Kegan Paul, 1984).

wander through all these images, and then choose just one.

- Imagine that you have a mobility impairment, that you walk with a cane or crutches, or are in a wheelchair. (*Pause*)
- Or suppose you are unable to move your hands or arms. (*Pause*)
- Imagine you have a sensory disability, unable to see or hear. (*Pause*)
- Or imagine that you have a speech impediment, so that it is difficult for you to communicate. (*Pause*)

"Some of these images may make you uncomfortable. Choose *one* image that you are able to shift into. Now sit in that body and gradually relax. (*Pause*)
"In your new body, think about the following:

- When you woke up this morning, what kind of clothes did you choose to wear? How do these clothes compare to what you are actually wearing? (*Pause*)
- How did you get out of your house? Were there stairs? (*Pause*)
- How did you come here today? What kind of transportation would you use? (*Pause*)
- How would you feel when you walked into this room full of people? (*Pause*)
- Suppose you were invited to a party after work today. Would you go? How would you feel? (*Pause*)
- Suppose you had to visit or return home to your family. How would they react to you? How would you feel being with them? (*Pause*)
- Suppose you were invited to go to the beach. Would you go? How would you feel about buying a bathing suit? Would you let your body show? (*Pause*)
- Suppose you needed to ask directions. How would people respond? How would you feel? (*Pause*)
- Imagine that you met someone attractive and after dating for a while, he or she wanted to sleep with you. How would you respond? (*Pause*) Imagine yourself in the bedroom. How would you feel undressing in front of your partner? Now imagine yourself in bed. How would you relate sexually? (*Pause*)

"When you are ready, open your eyes, and let's share experiences."

Discussion Questions

1. What were your reactions to imagining yourself disabled? What disability did you choose?
2. Were there certain disabilities that were hard to imagine? Why?
3. Did you find some parts of the exercise particularly uncomfortable? How many people got to the beach? To the bedroom?

Discussion Guidelines

1. Summarize common themes (e.g., discomfort with dependence, being overwhelmed, fear of others' reactions, awareness of barriers in the environment).
2. Note that many people feel overwhelmed when they do this exercise. Some believe their lives would be a tragedy. Participants may find it hard to visualize a social life and sexual intimacy. In actuality, there are people with all kinds of disabilities who lead very full lives. They have careers, partners, children, and diverse life-styles.
3. Point out that this exercise may be unfair. It asks you to go from being nondisabled to disabled instantly. Such a quick transition *is* likely to be traumatic. If you really lived with a disability over time, you would have the opportunity to develop creative solutions to limitations. People who have broken a limb or had another temporary disability probably know that firsthand.
4. The biggest problem that people with disabilities face is not their disability. Like other oppressed minority groups, the major barrier is the negative attitudes and assumptions they encounter from teachers, social workers, employers, and the rest of their world. That's why it's important to be aware of our own fears and stereotypes.

Exercise 2. Being Disabled *and* Female

Introduction

For facilitator: The goal of this exercise is to compare assumptions about disabled women vs. disabled men.

Tell participants: Thinking back to the guided fantasy, how do you think

your answers would be different if you were a disabled man rather than a disabled woman (or vice versa)?

Discussion Questions

1. Do you think going to a party, to the beach, or to the bedroom would be any different if you imagined yourself a disabled man vs. disabled woman? Do you think it would be harder, easier or the same to establish friendships? intimate relationships? Do you think you would feel more or less attractive, desirable, sexual, comfortable with your body?
2. How about your work life—do you think you might choose different kinds of work if you were a disabled man vs. woman? Would you feel any different going on job interviews, relating to clients, colleagues, supervisors, subordinates?
3. What assumptions are we making about the lives of disabled women compared to disabled men?

Discussion Guidelines

Facilitator describes some of the realities facing disabled women:

- Disabled women encounter greater barriers than disabled men in crucial areas of their lives. They are more likely to be unemployed and untrained; they have lower incomes, and they are less likely to find partners.
- In 1988, 23 percent of disabled men worked full time, compared with 13 percent of disabled women.
- Like all women, disabled women are affected by discrimination based on sexism. Disabled women of color also face racist practices and beliefs.

Exercise 3. Past Experiences with Disabilities

Introduction

For facilitator: The goal of this exercise is to reduce anxiety by helping participants recall prior experiences with disabled people. Members with expertise and sensitivity to disability issues can serve as resources to the group.

Tell participants: Although disability may seem unfamiliar, many of us already have had experiences with disabled people.

Exercise

Think about one or two disabled people you know from your family or social and professional networks. Describe this person and your relationship. Have there been changes in your feelings about this person and her/his disability over time?

Discussion Guidelines

1. Summarize the group's range of experience with disabled people. Because approximately 18 percent of the United States population has some type of disability, it is not surprising that many know disabled people.
2. Use stories to point out that initial negative reactions or discomfort can change as you get to know the person better. Draw parallels to the process of getting to know people who are different from participants in other ways, e.g., race and sexual orientation.

Professional Consciousness-Raising on Women and Disability

Overview: Identify concerns and fears about working with young women with disabilities, brainstorm solutions and resources, and develop strategies to begin mainstreaming

Exercise 1. The Questioner

Introduction

For facilitator: The goal of this exercise is to identify participants' questions, concerns, and fears about serving disabled girls. Go around the group, seeking questions as described below. Begin with a question of your own to get things started. It's okay for participants to repeat others' questions. If people make statements, turn them into questions. Don't let group members tell stories or get side-tracked. Repeated go-arounds will help everyone get to a deeper level. Write down all questions on large newsprint, blackboard, or your own notebook.

Exercise

"This exercise is called 'The Questioner.' *What questions come to mind when you imagine serving disabled girls in your program?* Let's go around the group, with everyone asking one question. We then will go around several more times, until all of your concerns have been expressed. Afterwards, we will talk together about possible answers."

Discussion Guidelines

1. The facilitator asks the group to identify key areas of concern, or summarizes them herself. Typical topics include language, accessibility of the building, recruitment, transportation, costs, adapting programs to meet special needs, reactions of nondisabled youth and their parents, staff training, and desirability of mainstreaming vs. special programs.
2. Note that these concerns are typical of agencies and staffs that have done little or no mainstreaming. Though the questions may seem overwhelming, there *are* workable solutions. Other agencies that have mainstreamed can serve as a resource. Your staff's ability to solve problems creatively is much more important than expertise.
3. Take each major concern and call upon the group to share any knowledge and experience members might have. Brainstorm additional solutions and sources of information about unfamiliar issues. You can supplement the discussion with the following ideas and suggestions:

Language

Language is always political. Consider the difference between African American/Black/colored/nigger, between women vs. girl (when referring to adults). Generally, the word *disability* is preferred to *handicap*, in part because *handicap* comes from imagery around begging: asking for money "with cap in hand."

Say, "She has cerebral palsy," rather than "She is a victim of cerebral palsy." "He uses a wheelchair," *not* "He is confined to a wheelchair." Avoid language that plays into negative stereotypes. Steer clear of words like *abnormal*. Persons with disabilities have physical differences, but they are just like nondisabled people in every other respect.

Some language changes are unnecessary. It's all right to use such everyday terms as *see*, *walk*, or *run*, even if the person you're talking to cannot literally do these things (e.g., in ending a conversation with a woman who is blind, it's fine to say, "See you later").

Accessibility

Full accessibility means accommodating to a broad range of disabilities. For example, wheelchair users need entrances without stairs, elevators to other floors, and bathrooms with wide doors and stalls. People who are

blind need Braille markings on elevators. People who are deaf often need sign language interpreters.

If your building is not wheelchair accessible, it may be possible to use nearby accessible sites for some activities. You can always serve youth with some types of disabilities, even if your agency is not fully accessible. Full accessibility can be a long-term goal.

Recruitment

Launch a full-scale media campaign, sending press releases to community newspapers and radio and television stations. Visit and send fliers to a broad range of organizations, such as junior and senior high schools, rehabilitation agencies, and specialized programs for the disabled. Talk to prospective teen members in groups, so that teenagers can encourage each other to join. Encourage them to come and see your program. Your center will be more welcoming if you include pictures of disabled youth in your brochures and poster displays, particularly youth from diverse racial backgrounds.

Be prepared to deal with parental overprotectiveness. Talk personally with parents and send letters explaining the program.

Transportation

In communities without wheelchair accessible public transportation, funds will be needed to cover taxis and vans for teenagers with mobility impairments. This can be quite costly, but is an essential part of mainstreaming.

Costs

Many people are fearful that mainstreaming will be extremely costly. There may be additional expenses providing transportation or an interpreter, or making a facility accessible. However, these costs are variable; in some cases, no additional expenditures are necessary, depending upon the nature of the young persons' disabilities, the accessibility of public transit, and so on.

Where there are additional costs, creative fundraising strategies may be essential. There may be businesses or foundations in your community or region willing to support your commitment to mainstreaming.

Adapting Programs to Meet Special Needs

Believing that you *can* adapt your program is the crucial first step. Young people with disabilities can help you figure out ways to meet their needs and address their limitations. Creative problem solving goes a long way. Other agencies with mainstreaming experience can serve as a resource for adapting areas like sports or arts.

Reactions of Nondisabled Youth and Their Parents

Although some nondisabled youth (or their parents) may initially feel uncomfortable when disabled teens are included, they almost always change as a result of frequent contact. Young people often have an easier time dealing with difference than their parents or other adults. For everyone involved, mainstreaming can be an opportunity to expand their understanding and appreciation of diversity.

Staff Training

Staff members need permission to express initial fears, discomfort, and uncertainty. Such opportunities to explore attitudes are the most important part of training.

Specialized courses and degrees or extensive staff training are not necessary. Staff members with prior experience, disabled people in the community, and written materials on mainstreaming organizations can serve as resources. As with any new venture, you will make mistakes, learning from your own experiences. People with disabilities will appreciate your efforts and not require perfection.

Desirability of Mainstreaming vs. Special Programs

Disabled youth need preparation for living in the real world. The real world consists of disabled and nondisabled people. Research suggests that youth involved in mainstreamed programs are more successful in their adult lives. Separate programs can reinforce a sense of difference and limited expectations. Even when programs are excellent, separate is never equal. While it can be advantageous for members of an oppressed minority group to share experiences and brainstorm strategies, this needs to be coupled with mainstreaming.

Exercise 2. Problem Solving

Introduction

For facilitator: The goal of this exercise is to highlight a few issues typically identified by the Questioner and enable participants to recognize their own problem-solving abilities.

Divide participants into small groups of 3–4 people to discuss the three situations below. Then each group reports their solutions to everyone present.

Tell participants: Brainstorm solutions to the following situations. We'll share them afterwards.

Situations

1. A member of the board of directors has a teenage daughter who is blind. The daughter is interested in taking pottery at the center. The teacher is reluctant to let the girl into her class for fear that her needs will take up too much teaching time; she will only do so if the center hires an assistant teacher, but the center does not have the funds. This class is an important source of revenue for the nearly bankrupt agency. The director fears that the girl's presence may discourage other students, causing a drop in income. How can this situation be resolved?
2. During a group picnic involving both disabled and nondisabled young people, a woman comes up to a staff member, points to a girl in a wheelchair, and says in full hearing range: "What's wrong with her? I thought this was a program for normal kids." The staff member freezes and does not respond. Later on, she meets with colleagues to consider what she should have said to the woman, the disabled girl, and the rest of the group. What ideas could you offer?
3. After a youth program has successfully performed a play in the community theater, the staff decides to treat the cast, which includes African American, Latino, and white youth, both disabled and nondisabled, to a party at a local disco. Some of the nondisabled participants are reluctant to come, insisting that some people will think they are weird for hanging out with disabled kids, besides, "Disabled kids can't dance anyhow." Some of the youth are reluctant

to be seen at a disco with teens from different racial groups. How would you handle this situation?

Exercise 3. Planning for Mainstreaming

Introduction

For facilitator: The goal of this exercise is to help participants develop an action plan.

Exercise

1. What steps could we take to prepare our agency to begin (or expand) mainstreaming disabled youth into our programs?
2. What steps could we take to begin recruiting disabled youth?

Career Exploration

Overview: Examine how gender and disability stereotypes limit career choices, and then develop strategies to expand the options

Exercise 1. A Sea of Negative Expectations

Introduction

For facilitator: The goal of this exercise is to communicate a sense of the discouraging, limiting environment in which many disabled young women grow up.

In advance, reproduce the comments under "Exercise" and cut along dotted lines. Hand out a slip of paper (perhaps attached to index cards) to each participant. Go around the group until all slips are distributed.

Tell participants: These cards are examples of typical comments heard by disabled young women. Let's read them out loud, one at a time.

Exercise

High school guidance counselor: "You'll never make it through medical school sitting in a wheelchair. Let's consider another field for you."

- -

Mother: "I think my daughter should become a research librarian so that she won't be so much in the public eye."

- -

Office of Rehabilitation counselor: "You can't become a beautician. You can't stand on your feet long enough and beauticians can't work sitting down. No one will hire you."

- -

Father: "It's really not safe for you to be using public transportation. You should stay home where mother and I can keep an eye on you."

Peer, also disabled: "What's the point of our looking for a job? It will cost our whole salary to get to work, and we'll wind up losing our medical benefits."

Mother: "I can take care of you better than anyone else. I've been doing it since the day you were born. If you get a job, you'll have to depend on strangers to help you. Is that really what you want?"

Cousin: "Just get those fancy ideas out of your head, girl. Nobody's going to hire a Black in this town to announce the news. And you can't even walk. Forget it!"

Disabled young woman: "Even though I'm very good in math and accounting, I think I want to be a secretary. My aunt's a secretary and she's really sexy and has lots of dates."

Father: "If you get a job, you'll lose your benefits, and we need those benefits to help pay the rent. Don't you care about us?"

Neighbor: "Why don't you become a teacher of handicapped children? If I were you, I'd feel more comfortable working with my own kind."

Mother: "It's God's will that I take care of you until the day I die. Why do you need a job?"

Aunt: "It's really important for you to study hard in school and get a good job because, let's face it, honey, you're not too likely to find a husband to take care of you."

Discussion Questions

1. What are your reactions to these comments?
2. What messages do you think disabled young women are being given about careers and their future?
3. How do these messages compare with the messages sent to nondisabled women?

Discussion Guidelines

1. These negative expectations are not the only barriers disabled girls face as they consider entering the workplace. They also confront inaccessible transportation and buildings, the possible loss of disability-related benefits, and discriminatory practices by employers.
2. Not surprisingly, only a small percentage of disabled women work, and those who do tend to earn low incomes.

   - 13.1 percent of disabled women work full time, compared to 23.4 percent of disabled men. (1988)
   - Following are average annual incomes in 1987 for specific groups of workers (includes full- and part-time employment):

disabled female workers	$ 8,075
all women	$13,000
disabled male workers	$15,497
all men	$24,095

   - Disabled women of color have lower income and employment levels. As an example, for every dollar earned by a white, nondisabled man, a Black disabled woman earns 22 cents.*

* The statistics cited in the first two bulleted items come from *The New York Times*, August 16, 1989. The figures for the third bulleted item appear in "Introduction: Beyond Pedestals," in *Women with Disabilities: Essays in Psychology, Culture and Politics*, ed. by Michelle Fine and Adrienne Asch (Philadelphia: Temple University Press, 1988).

Exercise 2. Debate: Could She Become an Electrician?

Introduction

For facilitator: The goal of this exercise is to expand the participants' ability to help disabled young women explore career interests and options.

Read the case example of Kathy (below). Divide participants into two groups: one will argue in favor of Kathy becoming an electrician, the other will argue against this choice. Give the groups 10 minutes to prepare their position. Let the debate develop for 10–15 minutes; then lead a discussion about the experience.

Tell participants: We have been talking generally about some of the barriers young women face in making career choices. Now let's consider a specific example. I'll read you a description of Kathy, and then we will debate the pros and cons of her pursuing a career as an electrician.

Exercise

Kathy is an 18-year-old Black woman who has cerebral palsy. Her disability has caused weakness in her legs, so she walks with crutches; she has excellent manual dexterity. A senior in high school, Kathy has maintained a C average. She announces to her teen club leader that she's always wanted to be an electrician, like her uncle. Both her guidance counselor and parents think this is a terrible idea and want her to pursue clerical training. Her uncle agrees, pointing out that racism in the trades had limited his own advancement. Kathy is confused and doesn't know how to proceed.

I'm going to divide you into two groups. One group will argue that she should not become an electrician. The other will argue in support of Kathy pursuing this interest.

You do not need formal knowledge of an electrician's job to develop a point of view. Each group will have 10 minutes to prepare their side. Then we will debate together.

Debate Guidelines

1. Give each side a few minutes to present their point of view, without interruption.

2. Acknowledge that people may be arguing positions they don't personally agree with, but like good lawyers, they should do their best to develop convincing arguments. Help participants get in the spirit of a lively, competitive exchange.

Discussion Questions

1. How did you feel arguing your side's position?
2. How would you advise the teen group leader to respond to Kathy's dilemma?
3. Would you respond differently if Kathy were a man? If she were not disabled?
4. How do you think the fact that Kathy is Black might influence the advice that she receives or her acceptance in a nontraditional job like this?

Discussion Guidelines

1. Point out that you don't need to know a lot about being an electrician or about cerebral palsy to be helpful to a young person like Kathy. The essential ingredients are openness, curiosity, and willingness to explore possibilities.
2. Women with a wide range of disabilities have careers in many different fields. Some examples include the following:

   - a stockbroker who is blind
   - a sculptor who is quadriplegic
   - a neurochemist who is deaf
   - a newspaper reporter who walks on crutches
   - a teacher who uses a wheelchair

   These women have used a range of adaptations and special devices at the workplace to accommodate to their physical limitations. Beware of assumptions: the authors learned from a training session participant that her husband was able to work successfully as an electrician with color-coded wires despite being color blind.

   Most women with disabilities who work have faced discrimination. They have developed activist strategies to overcome it, from educating their supervisors to filing formal complaints.
3. Other references on this topic are listed in the Resources under "Employment" and "Books by and about the Lives of Disabled

Women." You may also want to contact disability advocacy organizations in your community and state.

Independent Living

Overview: Explore how physical limitations and the need for help compound developmental issues around independence

Exercise 1. Being Independent

Introduction

For facilitator: The goal of this exercise is to understand the importance of independence for all teenagers, by exploring staff members' personal experience.

Tell participants: Independence is an important issue for all teenagers, including young women with disabilities. This exercise will help you recall your own struggles toward greater freedom.

Exercise

1. When you were a teenager, what did being independent mean to you?
2. What situations or people helped you to become more free, and who or what discouraged you?
3. If you were the other gender, would your struggle for independence have been different? If so, how? How about if you were a member of another ethnic or racial group?
4. If you were disabled (or nondisabled, if you are already disabled), would your struggle for independence have been different? If so, how?

Discussion Guidelines

1. Briefly summarize participants' own issues around adolescent independence.

2. Note the assumptions made about the effects of being female or disabled on becoming independent.
3. Comment that disabled young women have the same desire for freedom as their nondisabled peers. However, they often face more barriers: parental overprotectiveness, discouragement from significant adults, limited access to youth activities and hangouts, lack of role models who can demonstrate ways of living independently, and internalized fear.
4. Point out that staff can play a vital role in nurturing signs of independence, serving as a counterbalance to all these barriers.

Exercise 2. Giving and Getting Help

Introduction

For facilitator: The goal of this exercise is to be in touch with our own issues around giving and receiving help. Then we can better understand the impact of disabled teens' need for help on their struggle for independence.

Conduct this exercise as a go-around, with each member taking a turn. Have each person say the *whole* sentence, filling in the blank. It is helpful to write the sentence on a blackboard. Do two or three go-arounds on each sentence, taking the first turn yourself, e.g., "When I think about asking for help, I feel uncomfortable admitting I need help."

Tell participants: The need for disability-related help often compounds a teenager's struggle for independence. Help is a loaded issue for everyone. This exercise lets us look at our own attitudes about giving and getting help. We'll go around taking turns completing sentences. The first one is, "When I think about asking for help, I _____." I'll start.

Exercise

1. "When I think about asking for help, I _____."
2. "When I do ask for help, I _____."
3. "When I ask someone for help, she or he _____."
4. "When I help someone, I _____."

Discussion Questions

1. What are your reactions to doing this exercise? What did you observe about your own and others' responses to the different sentences?
2. Do you think your answers would have been different if you were the other gender? Would it be easier or harder to ask for help? to receive help?
3. Do you think your answers would have been different if you were disabled (nondisabled for participants who have disabilities)? Would it be easier or harder to ask for help? to receive help?
4. How do you think your own attitudes toward giving and getting help will affect your work with disabled young women?

Discussion Guidelines

1. Comment on the fact that many people are more comfortable giving help than receiving it.
2. In our society, we place high value on total independence, even though it is an impossible goal: everyone needs some kind of help. Total independence is a myth.
3. Disabled young women have more obvious needs for help. This makes their struggle for independence more difficult.
4. Note that people often feel uncertain about how to give help to a person with a disability. The best strategy is to ask the young person what she needs. She is the expert on what she can do and cannot do and how she wants to be helped.
5. Observe that young women with disabilities also like to give help to other people. No one wants to only be a recipient. Try to build in opportunities for her to be a helper.

Exercise 3. Problem Solving

Introduction

For facilitator: The goal of this exercise is to explore issues around the need for help.

Divide participants into groups of three or four. Give each small group two or more of the problems below for problem solving. Allow 15 minutes. Share solutions with the larger group.

Tell participants: Let's divide into small groups to solve concrete problems around the need for help. Report your solutions back to the larger group.

Exercise

1. Linda, who uses crutches, walks across the street slowly. Someone comes over and grabs her by the arms in an attempt to help. She falls and gets angry at the helper, insisting that being grabbed makes her fall. The helper gets angry back, accusing Linda of being belligerent and ungrateful. You enter the scene. What would you say to each of them?
2. There is an awards dinner for girls who sold the highest number of tickets to a benefit. Ann Marie, who is blind, came in third in sales, but declines to attend. When a staff member asks her why, she says that buffet dinners are very difficult for her to handle. She finds it too uncomfortable to ask for so much help. Ann Marie explains that it is embarrassing to be 17 years old and still be so dependent. How would you respond to this young woman?
3. A teen program holds one of its activities in another building. Michelle, who has arthritis, insists on walking there by herself. It takes her 20 minutes and she is usually late for the start of the activity. A staff member offers to drive her, but she refuses. Some others feel she should have the right to walk if she wants to. What do you think?
4. Sixteen-year-old Stacy, who is paraplegic, wants to attend an overnight trip with her teen program. Her mother will only let her go if she accompanies Stacy, so she can help Stacy with dressing and bathrooming. Stacy does not want her mother to come and says the other girls can help her. The staff feels they could manage without the parent. How should the staff handle this situation?
5. Barbara, who walks with a cane, insists she needs the staff elevator to get from one floor to another at the local YWCA. When the elevator is broken, she does go up and down the stairs slowly, seemingly without too much trouble. The staff feels that she may be using her disability to get special privileges. Barbara retorts that they don't know how it feels to climb stairs with her disability and should not judge her needs. How would you resolve this conflict?

Sexuality

Overview: Identify concerns about discussing sexuality with disabled girls; learn how disability affects sexuality; explore similarities and differences in sexual issues of girls with disabilities, nondisabled girls, and disabled boys

Exercise 1. Talking about Sex

Introduction

For facilitator: The goal of this exercise is to recognize and address anxieties about discussing sex with disabled teen girls.

Go around the group, having each person state and complete the sentence below. You take the first turn. Go around two or three times.

Tell participants: Sexuality is a hot issue for all teenagers; disabled girls are no exception. Sometimes our own discomfort with disability (or sexuality) can get in the way of having open conversations about sex with disabled teens.

Exercise

We'll go around in a circle, completing the following sentence: "When I imagine talking about sex with disabled young women, I———." State the whole sentence when you give your response. (Example: "When I imagine talking about sex with disabled young women, I get worried that I don't know enough.")

Discussion Questions

1. What feelings have emerged as we think about discussing sex with disabled teen girls?

2. What seems similar, what seems different in discussing sex with disabled vs. nondisabled young women?

Discussion Guidelines

1. Many people feel inadequate, or think they lack the skills or knowledge to help disabled young women address sexual concerns. Reassure participants that the most important thing they can give is permission to discuss this often taboo subject. They may be the first adult with whom the young person has ever raised sexual questions.
2. Because disabled women are often perceived as asexual or unlikely to be chosen as sexual partners, they have limited access to formal and informal sexual education—all the more reason for staff to jump in.
3. In addition to asexuality, there are other misconceptions that you may need to address. They include the following myths: disabled women should *only* select disabled partners; should *never* select disabled partners; should be grateful if someone is romantically interested; should never have children; if someone is interested in a disabled woman, he or she is sick, likely to take advantage, or afraid to compete for a nondisabled woman.
4. Disabled young women are frequently isolated in childhood and adolescence and lack opportunities to build social skills. Repeated hospitalizations can be a major factor contributing to lack of contact with peers. As a result, some may appear younger than their age.
5. In a sexist society, all women struggle with feeling good about their bodies. When there's a concrete "imperfection," the doubts can intensify. Staff can play an important role in helping a disabled young woman appreciate the strength and attractiveness of her own body, regardless of limitation.
6. Whenever such topics as dating, birth control, having children, etc., come up in a group, be sure that disabled teens are included in the discussion. For example, by asking Marie, a teen with cerebral palsy, if she is going to the prom, you affirm her ability to date, even if she has not been asked to the prom or ever dated in her life. Sometimes nondisabled people fear that these questions "will hurt her feelings" if Marie is not going to the prom. What really hurts Marie's feelings is the *assumption* (by adults or peers) that, of course, no one asked her to go to the prom.
7. You don't have to know what a particular young woman can and cannot do sexually to help her. There are many resources available.

(See Resources.) The two of you can look up things together, or you can support her questioning her doctor.

8. Sexuality is always more than mechanics. What you already know about helping adolescents to form relationships, make sexual decisions, and deal with rejection, etc., will also apply here.
9. Remember that a tenth of the population is gay. Don't assume heterosexuality when dealing with any teenager.
10. Few disabilities cause infertility. Make sure you provide birth control information, as you would with nondisabled young women.

Exercise 2. Problem Solving

Introduction

For facilitator: The goal of this exercise is to brainstorm solutions to real-life situations that could arise.

Break participants into groups of three or four. Give each group one or more of the following problems to discuss. Allow about 5 minutes to brainstorm each situation. Share strategies afterwards.

Tell participants: Break into groups of three or four people and we'll brainstorm solutions to typical problems you might face. Then we'll share solutions.

Exercise

1. The girls in the recreation program are talking about an upcoming school party. Jill, who is 15 years old and has been blind since birth, says that Carl, a senior in her French class, has asked her to the party. She is afraid he invited her because he feels sorry for her. She can't understand why he'd want to go out with a girl who is blind, when he could pick a girl who is sighted. How would you respond to Jill?
2. Brenda, a 16 year old who has spina bifida and uses a wheelchair, has been attending teen events at the community center on a regular basis and has become increasingly comfortable with you as group leader. One day she comments, "You know, everyone talks about doing it and I don't know if I can, you know, because of the wheelchair and stuff. So I guess I should forget about dating, do you think?" What would you say?

3. Denise, a 14-year-old girl who is deaf reveals to her school counselor that she is pregnant. She is referred to the pregnant teen program in the local community center. To serve her, the staff struggles with a range of issues including (a) access (no one on staff knows sign language); (b) reactions of other participants in the program who may feel uncomfortable—her presence may stimulate their fears of having a "defective" child; and (c) doubts about their ability to be helpful to Denise, since they know nothing about the impact of deafness on child rearing. How would you help this staff?
4. A youth club leader raises the issue of AIDS at a teen meeting. One girl says, "We don't have to worry about it because it's those disgusting queers who get it." Dawn, an eighteen year old with an amputated arm, gets angry at the ignorance about AIDS and the negative statements about gay people. As she talks, she comes out to the group as a lesbian. Another girl replies "Oh, Dawn, don't be ridiculous. You're not gay. You're just afraid no guy will go out with you because of your arm." How might the leader respond to Dawn and the rest of the group?

Exercise 3. The Mating Game

Introduction

For facilitator: The goal of this exercise is to understand why it is harder for disabled women to find partners than it is for disabled men.

Exercise

Studies show that disabled men are more likely to find intimate partners than disabled women. Why do you think this is so?

Discussion Guidelines

1. Encourage participants to look at the roles of men and women, husbands and wives in our society. What might people assume about a disabled woman's ability to be a wife? What about a disabled man's ability to be a husband?
2. Given the extent of social discrimination facing disabled women, young women with disabilities may need help developing strategies for meeting and developing relationships with potential partners.

Exercise 4: Mini-Lecture on Sexuality and Disability

Introduction

For facilitator: The goal of this exercise is to provide a simple framework for understanding the effect of disability on sexuality.

The material may be read aloud, copied and distributed to the group, or used by you as a resource.

Tell participants: Here is some information that will help you to understand ways that disability can affect sexuality.

Mini-Lecture*

A disability can affect a person's sexuality in three major ways: physically, psychologically, and socially. Some of the *physical effects* include the following:

1. Any disability or health condition that affects the neural, vascular, or hormonal system may have effects on sexual desire and the sexual response cycle.

    - For example, disabilities affecting the brain, spinal cord and peripheral nervous system may cause physically based sexual dysfunction, e.g., spinal cord injury, which may cause difficulties in lubrication and orgasm.
    - Disabilities affecting the blood supply to the genitals, e.g., vascular diseases of the lower aorta or blood disorders, may also have a physical impact on sexuality.
    - Disabilities affecting the sex glands and endocrine system such as hypothyroidism or Addison's disease, may have an effect on sexual desire and activity.

2. Another physical aspect to consider is that if a disability requires medication, that medication may affect sexual functioning.
3. A physical disability may affect sexual positions and the capacity to give and receive pleasure—e.g., it may be hard to stimulate yourself

* For further information see "Sexuality" in Resources.

or your partner if your hands are stiff from arthritis.
4. A disability can also affect fertility and the choice of birth control.
5. There is much variation among individuals with the same disability and between males and females with the disability. The disabled young person is an important source of information about how her body works.
6. Regardless of type of disability, everyone is capable of giving and receiving pleasure—creativity is the key.

In terms of *psychological effects:*

1. A disability can affect self-esteem, identity, and body image, which are closely connected with sexuality. It can also lead to depression, particularly for a newly disabled person, who often goes through a mourning period. Performance anxiety may arise from uncertainty about what one can and cannot do sexually. Both depression and anxiety can impede sexual interest and/or activity.
2. However, such effects are *not* the inevitable consequence of having a disability—it is possible to have a severe disability, feel great about yourself, and have a highly satisfying sex life. Disabled people who demonstrate serious emotional problems, like nondisabled people, are likely to need psychotherapy.

The *social effects* include societal attitudes and assumptions about the sexuality of disabled people, which may affect their sexual functioning. The false assumption that disabled women are asexual has serious consequences.

1. Disabled women—even those who feel good about themselves—have a more difficult time finding partners who recognize them as sexual people.
2. Social activities are rarely held in accessible places, so there are fewer opportunities to meet people.
3. Disabled people often are not provided with adequate information about their own sexuality because sex education is viewed as unnecessary. This lack of knowledge limits full and healthy sexual expression.
4. There are not enough sexual health care services for disabled people. Thus, when they become sexually active, they may be more vulnerable to gynecological problems, sexual diseases, and unwanted pregnancies.

Role Models

Overview: Discuss the importance of role models for all young people and particularly for girls with disabilities; brainstorm strategies for incorporating disabled female role models into agency programs; develop ways to recruit and train role models

Exercise 1. The Experience of Difference

Introduction

For facilitator: The goals of this exercise are to get in touch with experiences of feeling different and to draw parallels between participants' experiences of difference and the experiences of disabled young women.

Beginning with number 1 below, go around the group and have participants respond to each set of questions. Finish discussing the first one before proceeding to the second group of questions, and so on.

Tell participants: Most people feel different in some way from others when they are growing up. Here is an opportunity to recall some of those experiences. We'll go around the group answering these questions.

Exercise

1. Were there ways in which you felt different from others when you were growing up? How did you feel about being different? What were the consequences of being different?
2. Did you know anyone else who seemed different in the same way—either peers or adults? How did you react to these people? Did you find them appealing? unappealing? What kind of relationship did you have with them?

3. Was there anyone with whom you could discuss your experience of feeling different? Was this helpful/not helpful? Why?

Discussion Guidelines

1. Summarize the many different ways participants grew up feeling different.
2. Comment on the fact that many people feel isolated in their difference. Note ways in which this isolation was broken for some participants through meeting people who shared their difference.
3. Point out that disability is another source of difference that can produce similar feelings.
4. Being able to share experiences with an adult who also has a disability can lessen isolation. Unfortunately, such adults are not usually available. Disabled young people are often the only disabled person in their family or neighborhood.
5. Participants have experiences with differences, not only in their personal lives but in their work. They may deal with differences based on race, ethnicity, religion, class, language, sexual orientation, and so on. Discuss how participants already handle differences among the young people with whom they work. How might they adapt these strategies to working with disabled young women?

Exercise 2. Recalling Mentors

Introduction

For facilitator: The goals of this exercise are to identify adults who have served as mentors in participants' lives and to acknowledge the contributions that mentors can make.

Read each section slowly, to allow enough time to remember experiences.

Tell participants: Close your eyes and find a comfortable position. (*Pause*) Think about adults who were important to you when you were growing up, whether or not you thought of them as "mentors." I will ask you questions about specific ages to help you remember. If something crucial happened between these age groups, please include these people as well.

Exercise

Remember yourself as a child of 9 or 10 years old. (*Pause*) Who are the people who are most important to you? (*Pause*) Whom do you admire? What qualities make these people special? What kind of relationships do you have with them? (*Pause*)

Imagine now that you are 15 or 16. (*Pause*) Think about the older people you know who are a big influence in your life. Why are they important? (*Pause*)

Imagine now that you are 21 or 22. (*Pause*) Who are the older people who are important to you now? Why? (*Pause*)

Imagine the years passing. As you get older, who are some of the important influences in your life? (*Pause*) What makes them significant?

Discussion Guidelines

1. Take each age period and go around the group, asking what group members remember about important older people.
2. Summarize the characteristics of these older people and group members' relationships with them.
3. Ask group members to note whether significant older adults were similar to them, e.g., in gender, race, and so on. Were these similarities important?
4. Ask group members if there were consequences in *not* sharing gender, race, and so on with the significant adults in their life. For instance, if a college-bound girl was not close to any women who encouraged her achievement, she might doubt the value of academic accomplishment for women.
5. Ask group members whether they considered any of these significant adults mentors or role models. What do these concepts mean to them?

Exercise 3. Videotape

Introduction

For facilitator: The goal of this exercise is to demonstrate the value of using role models when working with disabled young women.

The video requires a VCR and monitor. The tape is 20 minutes long.

Tell participants: We will look at a 20-minute video, "Networking across the Generations: A Conference for Women and Girls with Disabilities." This tape shows women with disabilities acting as role models for teen girls with disabilities.

Discussion Guidelines

Ask participants for their reactions to the young women and the use of role models in this program.

Exercise 4. Strategies to Incorporate Role Models into Youth Programs

Introduction

For facilitator: The goal of this exercise is to develop creative ways to integrate disabled women into participants' work with both disabled and nondisabled young women.

Conduct brainstorming exercises, writing ideas on a large sheet of paper or the blackboard.

Tell participants: We have seen how important older adults can be in our lives. The videotape emphasized the value to disabled young women of older adults who share the experience of having a disability. If we are to serve disabled girls successfully, we need to consider ways of incorporating disabled women into our programming. These women can become role models and mentors to both disabled and nondisabled young people.

Exercise

Let's brainstorm possibilities for incorporating disabled women into programs and activities we currently offer. Also, think about new programs we might develop.

Discussion Guidelines

1. Possibilities include disabled women as staff members, board members, volunteers, guest speakers, and participants in special events, such as career days, art festivals, films, and so on.

2. Ask participants to be specific. For instance, when someone says recruit disabled women as volunteers, ask how and where the volunteers would be used.
3. Have group members develop strategies for recruiting disabled women. For example, contact independent living centers, advocacy organizations, women's organizations, and local media. (For further suggestions, see *Mentoring Empowers! How to Start a Networking Project for Disabled Women and Girls in Your Community*, by Harilyn Rousso, listed in the Resources.)

About the Authors

Linda Marks is the founder and director of the Crystal Quilt, a New York City feminist organization that sponsors educational programs for women. An anthropologist and former women's studies instructor, she trains on equity issues and designs workshops, support groups, and conferences. For individual clients, she provides counseling on career alternatives. She was the assistant director of the YWCA Networking Project.

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Resources

Materials Developed by the Networking Project

Videotapes

Harrison, Julie, and Rousso, Harilyn. 1989. "Positive Images: Portraits of Women with Disabilities." Women Make Movies, 225 Lafayette Street, Suite 207, New York, NY 10012. (212)925-0606.

A 58-minute color videotape documentary that portrays three disabled women: (1) Deidre Davis, an attorney and civil rights activist who is paraplegic; (2) Barbara Kannapell, a psycholinguist and well-known scholar and lecturer on the culture of deafness; and (3) Carol Ann Roberson, former director of the New York City Mayor's Office for the Handicapped; she is quadriplegic and the mother of two teenage daughters. The videotape presents the women in all aspects of their lives: at home, at work, with friends, partners, families, and co-workers. It is designed for a broad audience: disabled girls and their parents, counselors, educators, employers, and the general public. Open-captioned.

Harrison, Julie, and Rousso, Harilyn. 1986. "Networking across the Generations: A Conference for Disabled Women and Girls." YWCA/NYC, 610 Lexington Avenue, New York, NY 10022. (212)735-9766.

A 20-minute color videotape that introduces the Networking Project by presenting highlights from the New York City Project's Networking Conference for Disabled Women and Girls. Open-captioned.

Books

Rousso, Harilyn. 1988. *Mentoring Empowers! How to Start a Networking Project for Disabled Women and Girls in Your Community.* YWCA/NYC, 610 Lexington Avenue, New York, NY 10022. (212)735-9766.

A book that describes how to set up the Networking Project, a program that links adolescent girls with physical and sensory disabilities to disabled women who serve as mentors and role models. Project components include a community advisory board, networks of disabled women and girls, networking conferences, and follow-up mentoring activities. The book contains sample outreach letters, program agendas, and training curricula from the original project in New York City.

Rousso, Harilyn, with O'Malley, Susan Gushee, and Severance, Mary. 1988. *Disabled, Female, and Proud! Stories of Ten Women with Disabilities.* Exceptional Parent Press, P.O. Box 657, Kenmore Station, Boston, MA 02215. (617)536-8961.

A book profiling the lives of 10 diverse women with disabilities, including descriptions of the women's educational and family background, their career and life-style choices, and their attitudes on a range of life issues. It is designed for adolescent girls with disabilities, their parents, teachers and counselors, and for young people in general.

Books by and about the Lives of Disabled Women

Browne, Susan E.; Conners, Debra; and Sterne, Nanci, eds. 1985. *With the Power of Each Breath: A Disabled Women's Anthology.* San Francisco: Cleiss Press.

This collection of personal stories, essays, and poems is a journey into the lives of 54 women with disabilities, who describe their experiences surviving in an inaccessible society, dealing with anger over injustices, growing up in families, living in their own

bodies, discovering their identities, parenting children, finding friends, and establishing support networks with other disabled women. The first book of its type, this anthology captures the excitement and struggles of disabled women defining themselves and organizing as a minority group.

Campling, Jo, ed. 1981. *Images of Ourselves: Women with Disabilities Talking*. Boston: Routledge & Kegan Paul.

Rich, moving stories about women with disabilities are presented in their own words. The women vary in age, disability, work, lifestyle and politics. (Available on cassette from Recording for the Blind.)

Carrillo, Ann Cupolo; Corbett, Katherine; and Lewis, Victoria. 1982. *No More Stares*. Disability Rights Education and Defense Fund, 2032 San Pablo Avenue, Berkeley, CA 94702.

This book uses photographs and brief personal accounts to introduce more than one hundred different women and girls with disabilities. It shows disabled women and girls in all aspects of their lives: on the job, at home, in school; with children, partners, friends, co-workers, and family. There is also an extensive annotated list of resources on such topics as self-image, independent living and work, and organizations relevant to the lives of disabled women. (Available on cassette from DREDF.)

Fine, Michelle, and Asch, Adrienne, eds. 1988. *Women with Disabilities: Essays in Psychology, Culture and Politics*. Philadelphia: Temple University Press.

An interdisciplinary set of essays exploring the lives and experiences of disabled women from a feminist and disability-rights perspective. Combining sociocultural research, policy studies and in-depth interviews, the chapters cover such topics as mother-daughter relationships, adolescent sexuality, friendships, the image of disabled women in literature, and income-support policies.

Saxton, Marsha, and Howe, Florence. 1987. *With Wings: An Anthology of Literature by and about Women with Disabilities*. New York: The Feminist Press at City University of New York.

Stories, poems, and essays by 30 women writers with disabilities,

both well known (Adrienne Rich, Nancy Mairs, Vassar Miller, and Alice Walker) and previously unpublished. The book focuses on three themes: the physical experience of disability; the effects of disability on relationships with family, friends, and lovers; and the transcendence of societal and internal barriers about being female and disabled. Building on *With the Power of Each Breath*, this collection explores some of the key issues, including sexuality, more fully.

Training Materials on Issues of Women and Disability

Phillips, Elizabeth. 1986. *Equity Intropacket: Women and Girls with Disabilities*. Organization for Equal Education of the Sexes, 808 Union St., Brooklyn, NY 11215. (718)788-3478.

An outstanding and comprehensive packet of materials that provides an overview of social, legal, and educational issues of disabled women and girls; classroom exercises; readings and lesson plans; profiles of multicultural role models; facts about specific disabilities; and an extensive bibliography. Most appropriate for educators at the elementary and high school levels interested in changing attitudes and curricula around issues of disability and gender.

Women and Disability Awareness Project. 1984. Rev. ed. 1990. *Building Community: A Manual on Women and Disability*. Educational Equity Concepts, Inc., 114 East 32nd St., New York, NY 10016. (212)725-1803.

This excellent manual examines the connection between discrimination based on gender and discrimination based on disability. It contains background information on disability rights and on women and girls with disabilities; workshop formats that will allow activists, educators, and staff trainers to explore disability issues in a wide variety of settings; an annotated bibliography; and selected readings. The newly expanded edition contains a workshop and materials that focus on female teens with disabilities. (Also available on cassette and in Braille from E.E.C.)

Materials on Accessibility

American National Standards Institute. 1986. *American National Standard for Buildings and Facilities—Providing Accessibility and Usability for Physically Handicapped Persons.* ANSI, 1430 Broadway, New York, NY 10018. (212) 354-3300.

The American National Standards Institute (ANSI) has developed minimum architectural specifications for building construction and renovations so that public facilities and buildings will be accessible to people with disabilities. This booklet describes these specifications through detailed diagrams and text. It can be ordered directly from ANSI; refer to publication # ANSI A117.1-1986. (Note that each state integrates ANSI specifications in its own way; thus, it is also important to consult state building codes when considering building modifications.)

Eastern Paralyzed Veterans Association. n.d. *Building Design Requirements for the Physically Handicapped.* E.P.V.A., 432 Park Avenue South, New York, NY 10016. (212) 924-7230.

This brochure takes the reader on a journey through a public building designed to accommodate people with disabilities, placing particular emphasis on the needs of wheelchair users. It addresses parking, walkways, entrances, interior doors, elevators, bathrooms, and other important considerations, using detailed illustrations that are exact scale drawings of provisions currently in force in the statewide building codes of New York, New Jersey, Pennsylvania or Connecticut. This is a useful guide for assessing accessibility in an existing building as well as for ensuring the accessibility of a new structure.

New York State Office of Advocate for the Disabled. *Breaking through Barriers—A Guide to Accessibility.* 1986. NYSOAD, One Empire State Plaza, Albany, NY 12223. (518) 473-4517.

A good introduction, this short pamphlet describes some of the factors to consider when constructing a new building or renovating a facility to ensure accessibility for people with disabilities. It is based on the ANSI accessibility standards required in the New York State Fire Safety and Building Code and covers parking, ramps, curb cuts, walkways, entrances, elevators, restrooms and bathrooms, water fountains, and controls.

Redden, M.R.; Fortunato-Schwandt, W.; and Brown, J.W. 1976. *Barrier-Free Meetings: A Guide for Professional Associations.* American Association for the Advancement of Science, 1515 Mass. Ave., NW, Washington, DC 20005.

This book describes how to address the needs of people with physical and sensory disabilities in all stages of planning and implementing a meeting. While it is particularly geared to assist those planning large-scale meetings of professional organizations, involving several days of events and hundreds of people, it can be helpful in assuring the accessibility of all types of events.

Employment

Mitchell, Joyce Slayton. 1980. *See Me More Clearly: Career and Life Planning for Teens with Disabilities.* New York: Harcourt Brace Jovanovich.

A useful guide for thinking about and planning for a career. Includes tips for disabled adolescents on dealing with teachers and counselors who may be unsympathetic or naive about disability issues. Excellent chapter on friends.

Sexuality

Bullard, David, and Knight, Susan. 1981. *Sexuality and Physical Disability: Personal Perspectives.* St. Louis, MO: C.V. Mosby.

Men and women with a range of disabilities speak about the social and psychological effects of disability or perceived disability on their sexuality. (Available on cassette from Recording for the Blind.)

Duffy, Yvonne. 1981. *All Things Are Possible.* Garvin Associates, P.O. Box 7525, Ann Arbor, MI 48107.

Seventy-seven heterosexual and lesbian women with a variety of orthopedic disabilities report on their sexual attitudes, feelings, and experiences.

Linton, Simi, and Rousso, Harilyn. 1987. "Sexuality Counseling for People with Disabilities." In *Sexuality Counseling: Issues and Implications,* ed by E. Weinstein and E. Rosen. Pacific Grove, Calif.: Brooks/Cole.

Provides an overview of the social, psychological, and physiological effects of physical disability on sexuality, and the counseling implications.

Sex Information and Education Council of the U.S. 1986. *Sexuality and Disability: A Bibliography of Resources Available for Purchase.* SIECUS, 32 Washington Place, New York, NY 10012. (212)673-3850.

An annotated list of books, booklets, and pamphlets on sexuality and disability. Includes general works and materials on specific disabilities.

Independent Living

Center for Independent Living and Closer Look. 1981. *Taking Charge of Your Life: A Guide to Independence for Teens with Physical Disabilities.* Closer Look, Parents' Campaign for Handicapped Children and Youth, Box 1492, Washington, DC 20013.

A booklet designed to help teenagers with physical disabilities prepare for an independent, satisfying future. Written by disabled adults who have a disability rights perspective, it offers sensitive, useful advice on such issues as dealing with parents, developing a social life, getting the most out of school, and planning for life after high school.

Vandergoot, David; Gottlieb, Amy; and Martin, Edwin W. 1988. *The Transition to Adulthood of Youth with Disabilities.* Youth and America's Future—The William T. Grant Commission on Work, Family and Citizenship, 1001 Connecticut Ave., NW, Suite 301, Washington, DC 20036-5541.

Identifies some of the key factors that help or hinder youth with disabilities make a successful transition from school to adulthood, drawing upon current research. This paper also describes and assesses existing programs and strategies designed to ease the transition, including recommendations for change. It contains much interesting information that will increase awareness of issues facing disabled youth and may generate new program ideas.

Mainstreaming

Boys Clubs of America. n.d. *Mainstreaming Matters: A Guide for Working with Emotionally, Physically and Learning Disabled Children.* New York: Boys Clubs.

Provides useful information on such topics as staff, recruitment, and modifying programs and equipment, toward the goal of mainstreaming disabled youth into Boys Clubs and other community agencies. Answers many of the common concerns of staff and administrators.

Brown, Jane Thierfeld, and Brown, Grace Gibbons. 1988. *From Access to Equity: Equalizing Educational Opportunities for Disabled College Women.* Association on Handicapped Student Service Postsecondary Education, P.O. Box 21192, Columbus, OH 43212.

A manual designed to help disabled student service providers and other campus professionals more fully understand and address the needs of women with disabilities to ensure educational equity. Suggestions for curricula on assertiveness training, self-esteem, self-defense, employment, and other areas of concern. Annotated list of films on women and disability. Some of the material relevant to noncampus settings as well.

Project Mainstream Activities for Youth, YMCA. 1981. *Mainstreaming Awareness in Youth Serving Agencies: A Workshop Guide, and Mainstreaming Manuals 1 (Personal Values), 2 (A Guide to Developing a Program)* and *3 (Your Personal Guide).* Longview, WA: Project Mainstream Activities for Youth (MAY), YMCA of the USA, Office of Special Populations.

A series of booklets designed to help staff and volunteers in community agencies feel comfortable and confident about mainstreaming disabled youth into programs and activities. *A Workshop Guide* is geared to help trainers set up disability awareness sessions in their agencies; the manuals are workbooks, to be used by professionals and volunteers individually or in small groups. Materials include information and exercises; strong emphasis is placed on breaking down attitudinal barriers.

Further Information

Educational Equity Concepts. 1990. *Bridging the Gap: A National Directory of Services for Women and Girls with Disabilities.* Educational Equity Concepts, 114 E. 32nd Street, Suite 306, New York, NY 10016. (212)725-1803.

More than three hundred listings of organizations and programs. Each entry includes name, address, telephone number, contact, region served, date established, whether they respond to inquiries by phone or mail, if they have a newsletter, and a brief description of programs and services. Includes state and city index.

Code no.: 2732

Carefully and caringly prepared. . . . The training ideas are so well thought out and intriguing that you want to go right out and conduct a workshop.

—Merle Froschl, Co-Director, Educational Equity Concepts, Inc.

BARRIER FREE: Serving Young Women with Disabilities is a concise, accessible, step-by-step training manual for groups that want to provide services to teenagers with physical or sensory disabilities. Even if you've no experience working with disabled people, this exceptional resource leads you through a process of greater awareness on both a personal and professional level and helps you examine some important issues that disabled young women—just like all teenaged girls—face: career exploration, independent living, and sexuality.

Authors Linda Marks and Harilyn Rousso lay out visualizations, brainstorming sessions, and discussions to help your staff realize that most problems facing these women are not so different from those of other teenagers. The down-to-earth information on language, accessibility, recruitment, transportation, sexuality, and program adaptation forms the starting point for providing services to this often-overlooked population.

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